

**USAID/Eritrea**

**ANNUAL REPORT FY 2003**

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## **A. Program Level Narrative**

### **Program Performance Summary:**

FY 2002 was a transitional year, as Eritrea attempted to revive the economy and restore infrastructure affected by the 1998-2000 war with Ethiopia. The devastating impact of the war is still being felt in all sectors, especially with labor shortages due to delays in the planned demobilization of approximately 200,000 soldiers. Eritrea is one of the newest and poorest nations in the world, ranked at 157 out of 173 countries in the 2002 United Nations Development Program Human Development Index. It is classified by the World Bank as a heavily indebted poor country, with a total debt of 311 percent of exports in 2002. Exports have decreased dramatically due to the war, the slow development of the private sector, and the cessation of trade with Ethiopia, its largest trading partner. Income per capita is about \$180 per year (World Bank 2002) and the country is dependent on support from abroad -- both from official donors and private remittances. Government expenditures on productive sectors and social services are low, with just 5 percent of total spending allocated to agriculture, 4 percent to health, and 6.5 percent to education (World Bank 2002). Literacy rates are among the lowest in the world: World Bank data indicate that the overall adult literacy rate is 53.8 percent with female literacy at 39.7 percent. The HIV/AIDS prevalence is moderate, but the disease already strains Eritrea's limited trained human resource base and fledgling institutional capacity. Demobilization could spread HIV very rapidly without vigorous preventive programs. A severe drought reduced agricultural production in 2002. Hence, Eritrea will continue to face critical development challenges for some time to come, and aggressive economic and political reforms will be needed to meet these challenges while Eritrea continues to provide a safety net for the poor.

The United States has three key foreign policy interests in Eritrea: maintaining regional stability, combating global terrorism, promoting the establishment of a democratic system and economic development. To these ends, the U.S. seeks to ensure that the uneasy peace between Eritrea and Ethiopia becomes a lasting one.

Since 1992, USAID has provided development and humanitarian assistance to Eritrea, first through a sub-office at USAID/Ethiopia and, since 1993, as a separate USAID/Eritrea mission. USAID development assistance per year has averaged around \$10 million. USAID/Eritrea's 1997-2002 Country Strategic Plan, also known as the "Investment Partnership," concentrated development assistance on achieving three Strategic Objectives: Increased Use of Sustainable, Integrated Primary Health Care Services; Increased Income of Enterprises, Primarily Rural, with Emphasis on Exports; and Increased Capacity for Accountable Governance at Local and National Levels. However, in 1997, the Government of the State of Eritrea requested a major redirection of the governance Strategic Objective to focus resources on capacity building. Building on lessons learned from the 1997-2002 Country Strategic Plan, USAID developed a new Integrated Strategic Plan for 2003-2007 in 2002 to meet Eritrea's post-conflict development challenges and take advantage of new opportunities to promote privatization and involve the Eritrean people in their own development process.

Within this transitional environment, USAID/Eritrea made progress in 2002 in implementing activities and achieving results. The current Health SO (SO 1, Increased use of sustainable, integrated primary health care by Eritreans), has helped Eritrea achieve dramatic improvements in child health. The Eritrea Demographic and Health Surveys (DHS) show that that infant mortality fell from 72 per 1000 live births in 1995 to 48 in 2002. Under-five mortality was reduced from 136 per 1000 in 1995 to 93 per 1000 in 2002. This is an extraordinary accomplishment in sub-Saharan Africa, where infant and under-five mortality have increased on average during this period, and one of the fastest rates of improvement worldwide. The DHS indicates that the nutritional status of children under three years of age has also improved. These results, despite war and a complex emergency during 1998-2000, clearly demonstrate that Eritrea is a good partner and a sound investment for USAID's health funding.

The USAID health SO contributed to these improvements in many ways. As one example, childhood immunization coverage in Eritrea is now one of the highest in Africa. USAID established the vaccine cold chain, trained Eritrea's health workers to implement and manage an expanded immunization program, and strengthened polio surveillance. Other areas of program support included integrated management of

childhood illness, maternal and reproductive health, family planning, malaria, HIV/AIDS prevention, health communications, and health information system development. USAID/Eritrea has formed alliances with NGOs, including faith-based organizations, in the health sector. The HIV prevention condom social marketing program is implemented by US and Eritrean NGOs, and Eritrea's four main faiths (Moslem, Eritrean Orthodox, Catholic, and Evangelical) are participating in HIV education efforts.

Despite the achievements, many challenges remain in the health area. Eritrea's dramatic gains in child survival will be difficult to sustain, particularly with an expected post-demobilization baby boom. Maternal health has improved more slowly than child health, and there was no progress in meeting unmet demand for family planning services. Without vigorous preventive measures, demobilization will accelerate the spread of HIV/AIDS. Therefore, the health objective has been revised to become "Use of Priority Primary Health and HIV/AIDS Services Increased and Practices Improved". This strategic objective will expand active demand for primary health care, especially at the community level; continue to improve the quality of primary health services; improve institutional capacity for resource allocation decisions in order to sustain health care improvement; and increase quality and demand for HIV/AIDS prevention services.

Results in 2002 under the current SO 2 (Increased income of enterprises, primarily rural, with emphasis on exports) were compromised, as a slow transition to normalcy after the war hampered the lending program and the overall growth of Eritrean exports. Nevertheless, it promoted increased services, production, processing and marketing, with particular emphasis on high-value agriculture. In 2002, 39 loans, worth in total \$580,200, were provided to small and medium enterprises in the agricultural, commercial, and service sectors in three of Eritrea's regions. In addition, under a pilot grant program to a U.S. private voluntary organization to establish community-based savings and loan associations (CBSLAs), 19 CBSLAs have been formed, with a total of 553 members, who have in the aggregate saved \$20,300, with total loans amounting to \$12,200. Loans provided under the Crisis Modifier helped to re-establish businesses affected by the war. Food security needs were addressed through coordinating and collaborating with the Office of Food for Peace and other USG agencies. As an example of activities under the Crisis Modifier, one U.S.-based PVO has been implementing an activity for the restocking and rehabilitation of dairy goats, poultry, and bee-keeping sectors in war- and drought-affected regions. Furthermore, through a grant from the Office of Foreign Disaster Assistance and in partnership with local counterparts, another USPVO implemented an emergency tractor plowing and seed distribution project for recently returned farmers in the Temporary Security Zone in Debub and Gash Barka Zones in 2002.

SO2 which seeks to expand rural incomes and employment has several groups of beneficiaries. At the enterprise level, the principle beneficiaries are the businesspeople who receive technical assistance and credit financing. On another level, Eritrean consumers benefit from goods and services offered as a result of rural business development. Finally, the nation as a whole benefits from the earning of hard currency from exports of goods produced by rural enterprises.

Much of the activity under SO 2 reflects development alliances between USAID/Eritrea, the Eritrean private sector, and other private organizations. Access for small and medium enterprises (SMEs) to the Enterprise Investment Fund and completion of the emergency credit to SMEs during 2002 provided a stimulus to Eritrea's private sector. Under SO 2, the Mission used participant training and conference attendance to forge alliances with Eritrean non-governmental organizations, such as the Eritrean Leather and Allied Industries Association (ELAIA). For example, ELAIA representatives attended the Meet in Africa Trade Fair in Tunis in October 2002. They have also formed an alliance with the American Leather Association as a result of their attending, with Mission support, the Miami Leather Association Trade Fair in 2001. USAID/Eritrea has also formed an alliance with the Employers Federation of Eritrea. The Mission is also using training opportunities to forge links with third country academic and professional bodies; an example is the Development and Management of Small Businesses and Industries Workshop held in Israel and Eritrea during fall 2002.

At this juncture, Eritrea needs to adopt and implement policies that would promote the private sector and create opportunities for employment and export, facilitate the country's integration into global and regional trade flows, and improve its ability to gather and make available vital information on the current state and

prospects of its economy, especially the agricultural sector. Therefore, the economic growth objective has been revised to become “Economic Growth for Rural Areas Accelerated.” This revision builds upon successes achieved under USAID’s current enterprise development activities. Results will be achieved by supporting agribusiness development, providing targeted support to small-scale producers, and strengthening the capacity of the Eritrean government to support and promote greater private sector participation and mitigate the impact of recurrent droughts. This strategic objective will promote the development small and medium enterprises in the rural agribusiness sector, enhance the economic opportunities available to vulnerable groups, and strengthen agricultural management capacity in the private and public sectors.

USAID/Eritrea’s third current SO, SO 3 (Increased capacity for accountable governance at local and national levels), supports institutional and human capacity development. Major achievements in 2002 under this SO include expansion of the Internet to four additional cities, the installation of a redundancy system for sustained Internet connectivity, and connection of the University of Asmara was connected directly to the National Gateway for better Internet access. In addition, 15 percent of University of Asmara faculty members and eight civil servants from six Eritrean key government ministries have recently started or completed training abroad. With USAID-funded technical assistance and training, the National Commission for the Demobilization and Reintegration Program is better prepared to provide training and services to the demobilized. One of Eritrea’s opportunities of the post-conflict transition is to strengthen the ability of its citizens to participate in the achievement of their country’s long-term vision of a self-reliant, prosperous, democratic, and knowledge-based Eritrea. Therefore, under the new strategy, the democracy and governance objective has been revised to become “Participation at the Community Level Increased.” This objective will develop capacity of community-based organizations, strengthen partnerships between community-based organizations and local administrations, and enhance the flow of information among citizens through expansion of the Internet program.

In addition to development assistance, USAID/Eritrea coordinated substantial resources to meet the food crises and humanitarian needs in FY 2002. USAID’s Office of Food for Peace and the Office of Foreign Disaster Assistance have been major contributors to meeting the food and non-food assistance requirements of the displaced. Some 160,000 (60,000 male and 100,000 female) refugees and internally displaced persons benefited from these programs in 2002.

USAID is collaborating with the World Bank to privatize the telecommunication system in Eritrea. Through the Education for Development and Democracy Initiative, girls are receiving support to remain in school.

**Environmental Compliance:** The Mission reviewed all strategic objectives and determined that all current activities are in compliance with the approved Initial Environmental Examination (IEE), Environmental Assessments, and Categorical Exclusions, and all required mitigations and conditions are being followed. USAID will conduct a training event on environmental compliance for partners and staff in the first half of 2003. The IEE for the Naro Irrigated Agriculture project, for which funding is anticipated from PL 480 monetization, will be amended in the first quarter of 2003.

**Country Closeout & Graduation:** N/A

## **D. Results Framework**

### **661-001 Increased use of Primary Health Care Services by Eritreans**

- IR 1.1 Access to integrated PHC services improved
- IR 1.2 Client demand for PHC services enhanced
- IR 1.3 Quality of PHC services improved

### **Discussion:**

**661-002 Increased income of enterprises, primarily rural, with emphasis on exports**

SO Level Indicator: Number of enterprises receiving loans from the Enterprise Investment Fund (EIF)

SO Level Indicator: Number of enterprises receiving training and/or advisory services from the REU

SO Level Indicator: Value of export sales of enterprises receiving loans and/or TA

IR 1 Increased value of exports from enterprises

IR 2 Increased value of domestic goods and services sold by enterprises increased

IR 3 Viable Enterprises established/expanded

**Discussion:**

**661-003 Increased capacity for accountable governance at local and national levels**

SO Level Indicator: Developing Human Potential

IR 3.1 Improved skills of university faculty of selected departments

IR 3.2 Sustainable supply of Internet

IR 3.3 Improved administration skills for civil servants in selected public institutions

**Discussion:**

**661-004 Use of Priority Primary Health and HIV/AIDS Services Increased and Practices Improved**

SO Level Indicator: 1: % of children 12-23 months who received DPT3

SO Level Indicator: 2: % of children 6-59 months old with diarrhea receiving oral rehydration therapy (ORT)

SO Level Indicator: 3: % of children household in target zones owning two or more insecticide treated nets (ITNs)

SO Level Indicator: 4: % of births attended by medically trained personnel

SO Level Indicator: 5: Contraceptive prevalence rate for women of reproductive age

SO Level Indicator: 6: Use of condoms by sex workers during last intercourse

IR 1: Active Demand for Primary Health Expanded

IR 2: Quality of Priority Primary Health Services Improved

IR 3: Institutional Capacity for Resources Allocation Decisions Improved

IR 4: Quality and Demand for HIV/AIDS Prevention Services Increased

**Discussion:**

**661-005 Economic Growth for Rural Areas Accelerated**

SO Level Indicator: Change in incomes of target rural households

SO Level Indicator: Change in number of employees in small and medium enterprises (SMEs)

IR 5.1 Capacity of Rural Small and Medium Enterprises (SMEs) Improved

IR 5.2 Economic Opportunities for Vulnerable Groups Enhanced

IR 5.3 Agricultural Management Capacity in the Public and Private Sectors Improved

**Discussion:**

**661-006 Participation at the Community Level Increased**

SO Level Indicator: Number of local administrations utilizing participatory practices

SO Level Indicator: Number of trained information and communication technology professionals

SO Level Indicator: Numbers of users at Internet access points

SO Level Indicator: Progress of target community-based organizations (CBOs) towards sustainability (according to Organizational Capacity Assessment Tool)

IR 6.1 Capacity of CBOs Developed

IR 6.2 CBO/Local Administration Partnerships Strengthened

IR 6.3 Community Access to Information Enhanced

**Discussion:**

## Selected Performance Measures - Eritrea

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Indicator (all data should pertain to FY or CY 02)	OU Response	Significant Result: Description of the significant result for a strategic objective	Data Quality Factors: Information relevant to the collection of this indicator data, e.g. "this data was not collected last year because it is only collected every five years."
Pillar I: Global Development Alliance			

Did your operating unit achieve a significant result working in alliance with the private sector or NGOs?

661-001 Increased use of Primary Health Care Services by Eritreans	Yes			Condom social marketing program implemented with NGOs sold 4.5 million condoms for HIV/AIDS prevention in CY 2002; Eritrea's faith-based organizations conducted HIV education.
661-002 Increased income of enterprises, primarily rural, with emphasis on exports	Yes			The Eritrean Leather and Allied Industries Association has formed an association with the American Leather Association and is cooperating with similar associations in other African countries. Further, a number of Eritrean rural small and medium enterprises have been able to produce credible business plans and obtain credit on the basis of those plans.
661-003 Increased capacity for accountable governance at local and national levels	N/A			
a. How many alliances did you implement in 2002? (list partners)	49			This includes 2 HIV prevention condom social marketing program NGOs, four faith-based organizations conducting HIV education, the Eritrean Leather and Allied Industries Association, the Employers Federation of Eritrea, Galillee College (Israel), and 39 small and medium enterprises.
b. How many alliances do you plan to implement in FY 2003?	41			This number represents new, additional alliances: 1 in health and 40 in rural enterprise development.
What amount of funds has been leveraged by the alliances in relationship to USAID's contribution?				

### Pillar II: Economic Growth, Agriculture and Trade

#### USAID Objective 1: Critical, private markets expanded and strengthened

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

661-002 Increased income of enterprises, primarily rural, with emphasis on exports	No			An overall evaluation of the program and data quality assessment has been made last year.
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#### USAID Objective 2: More rapid and enhanced agricultural development and food security encouraged

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

661-002 Increased income of enterprises, primarily rural, with emphasis on exports	No			An overall evaluation of the program and data quality assessment has been completed last year.
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**USAID Objective 3: Access to economic opportunity for the rural and urban poor expanded and made more equitable**

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

661-002 Increased income of enterprises, primarily rural, with emphasis on exports	No			A data quality assessment has been completed last year.
661-003 Increased capacity for accountable governance at local and national levels	N/A			A significant result was achieved in Internet development, based on MOTC records and USAID contractors reports This SO underwent reassessment in 2001 and prior commitments supporting skill improvements and ICT development continue.

**USAID Objective 4: Access to quality basic education for under-served populations, especially for girls and women, expanded**

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

661-002 Increased income of enterprises, primarily rural, with emphasis on exports				
661-003 Increased capacity for accountable governance at local and national levels				
a. Number of children enrolled in primary schools affected by USAID basic education programs (2002 actual)	Male	Female	Total	
b. Number of children enrolled in primary schools affected by USAID basic education programs (2003 target)	Male	Female	Total	

**USAID Objective 5: World's environment protected by emphasizing policies and practices ensuring environmentally sound and efficient energy use, sustainable urbanization,**

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

661-003 Increased capacity for accountable governance at local and national levels				
a. Hectares under Approved Management Plans (2002 actual)				
b. Hectares under Approved Management Plans (2003 target)				

**Pillar III: Global Health**

**USAID Objective 1: Reducing the number of unintended pregnancies**

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

661-001 Increased use of Primary Health Care Services by Eritreans	No			
Percentage of in-union women age 15-49 using, or whose partner is using, a modern method of contraception at the time of the survey. (DHS/RHS)	5.2%			These data are from the 2002 Eritrea Demographic and Health Survey. USAID financed technical assistance and training for each stage of the survey in order to ensure data quality.

**USAID Objective 2: Reducing infant and child mortality**

Did your program achieve a significant result in the past year that is likely to contribute to this objective?



661-001 Increased use of Primary Health Care Services by Eritreans	Yes			Infant mortality has been reduced from 72 in 1995 to 48 in 2002, and child mortality from 136 in 1995 to 93 in 2002.	These data are from the 1995 and 2002 Eritrea Demographic and Health Surveys. USAID financed technical assistance and training for each stage of the survey to ensure data quality.
Percentage of children age 12 months or less who have received their third dose of DPT (DHS/RHS)	78 Male	80 Female	Total		These data are from the 2002 Eritrea Demographic and Health Survey. USAID financed technical assistance and training for each stage of the survey to ensure data quality.
Percentage of children age 6-59 months who had a case of diarrhea in the last two weeks and received ORT (DHS/RHS)	72 Male	64 Female	Total		These data are from the 2002 Eritrea Demographic and Health Survey. USAID financed technical assistance and training for each stage of the survey in order to ensure data quality.
Percentage of children age 6-59 months receiving a vitamin A supplement during the last six months (DHS/RHS)	38 Male	38 Female	Total		These data are from the 2002 Eritrea Demographic and Health Survey. USAID finance technical assistance and training for each stage of the survey in order to ensure data quality.
Were there any confirmed cases of wild-strain polio transmission in your country?	No				WHO, U.S. CDC, and USAID participated in an external review of polio surveillance in Eritrea in November 2002. To complete certification of polio eradication, Eritrea needs to improve timeliness of stool collection for cases of acute flaccid paralysis.

**USAID Objective 3: Reducing deaths and adverse health outcomes to women as a result of pregnancy and childbirth**

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

661-001 Increased use of Primary Health Care Services by Eritreans	Yes			Antenatal attendance increased from 49% in 1995 to 70% in 2002, and the percentage of deliveries by health professionals increased from 21% in 1995 to 28% in 2002.	These data are based on the 1995 and 2002 Eritrea Demographic and Health Surveys. USAID financed technical assistance and training for each stage of the survey in order to ensure data quality.
Percentage of births attended by medically-trained personnel (DHS/RHS)	28%				This statistic is from the 2002 Eritrea Demographic and Survey. USAID financed technical assistance and training for each stage of the survey in order to ensure data quality.

**USAID Objective 4: Reducing the HIV transmission rate and the impact of HIV/AIDS pandemic in developing countries**

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

661-001 Increased use of Primary Health Care Services by Eritreans	Yes			Sales of condoms sold by the HIV prevention condom social marketing program reached 4.5 million in CY 2002, greatly exceeding the target of 4.0 million.	These data are provided by the implementing agency. Population Services International conducted a market survey in 2002 to monitor sales data quality.
a. Total condom sales (2002 actual)	4508027				These data are provided by the implementing agency. Population Services International conducted a market survey in 2002 to monitor sales data quality.
b. Total condom sales (2003 target)	4950000				

National HIV Seroprevalence Rates reported annually (Source: National Sentinel Surveillance System)	%			
Number of sex partners in past year (Source: national survey/conducted every 3-5 years)per DHS or other survey)				
Median age at first sex among young men and women (age of sexual debut) ages 15-24 (Source: national survey/conducted every 3-5 years) per DHS or other survey)	0 Male	18 Female	18 Total	These data are from the 2002 Eritrea Demographic and Health Survey for women 20-24; the statistic could not be calculated for women 15-19 because the percentage who had had intercourse was too low. USAID financed technical assistance and training for each stage of the survey to ensure data quality.
Condom use with last non-regular partner (Source: national survey/conducted every 3-5 years)per DHS or other survey)	%			
Number of Clients provided services at STI clinics				
Number of STI clinics with USAID assistance				
Number of orphans and other vulnerable children receiving care/support				
Number of Orphans and Vulnerable Children programs with USAID assistance				
Number of community initiatives or community organizations receiving support to care for orphans and other vulnerable children				
Number of USAID-supported health facilities offering PMTCT services				
Number of women who attended PMTCT sites for a new pregnancy in the past 12 months				
Number of women with known HIV infection among those seen at PMTCT sites within the past year.				
Number of HIV-positive women attending antenatal clinics receiving a complete course of ARV therapy to prevent MTCT (UNGASS National Programme & Behavior Indicator #4)				
Number of individuals reached by community and home-based care programs in the past 12 months				
Number of USAID-assisted community and home-based care programs				

Number of clients seen at Voluntary Counseling and Testing (VCT) centers					A UNAIDS team visited the site in 2002 to monitor operations.
Number of VCT centers with USAID assistance	1				
Number of HIV-infected persons receiving Anti-Retroviral (ARV) treatment					
Number of USAID-assisted ARV treatment program					
a. Number of individuals treated in STI programs (2002 actual)	Male	Female	Total		
b. Number of individuals treated in STI programs (2003 target)	Male	Female	Total		
a. Is your operating unit supporting an MTCT program?	No				
b. Will your operating unit start an MTCT program in 2003?	No				
a. Number of individuals reached by community and home based care programs (2002 actual)	Male	Female	Total		
b. Number of individuals reached by community and home based care programs (2003 target)	Male	Female	Total		
a. Number of orphans and vulnerable children reached (2002 actual)	Male	Female	Total		
b. Number of orphans and vulnerable children reached (2003 target)	Male	Female	Total		
a. Number of individuals reached by antiretroviral (ARV) treatment programs (2002 actual)	Male	Female	Total		
b. Number of individuals reached by antiretroviral (ARV) treatment programs (2003 target)	Male	Female	Total		
USAID Objective 5: Reducing the threat of infectious diseases of major public health importance					
Did your program achieve a significant result in the past year that is likely to contribute to this objective?					
661-001 Increased use of Primary Health Care Services by Eritreans	Yes			The malaria drug policy was revised to take account of chloroquine resistance by shifting from chloroquine to chloroquine plus fansidar as the first line treatment.	USAID participated in technical committee meetings and policy dissemination meetings to verify the policy change.
a. Number of insecticide impregnated bed-nets sold (Malaria) (2002 actual)					
b. Number of insecticide impregnated bed-nets sold (Malaria) (2003 target)					
a. Proportion of districts implementing the DOTS Tuberculosis strategy (2002 actual)	%				

b. Proportion of districts implementing the DOTS Tuberculosis strategy (2003 target)	%			
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Pillar III: Democracy, Conflict and Humanitarian Assistance

USAID Objective 1: Strengthen the rule of law and respect for human rights

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

USAID Objective 2: Encourage credible and competitive political processes

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

USAID Objective 3: Promote the development of politically active civil society

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

USAID Objective 4: Encourage more transparent and accountable government institutions

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

661-003 Increased capacity for accountable governance at local and national levels	N/A		
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USAID Objective 5: Mitigate conflict

Did your program in a pre-conflict situation achieve a significant result in the past year that is likely to contribute to this objective?

Did your program in a post-conflict situation achieve a significant result in the past year that is likely to contribute to this objective?

Number of refugees and internally displaced persons assisted by USAID	60,000 Male	100,000 Female	160,000 Total	
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Based on World Food Programme records.

USAID Objective 6: Provide humanitarian relief

Did your program achieve a significant result in the past year that is likely to contribute to this objective?

661-002 Increased income of enterprises, primarily rural, with emphasis on exports	N/A		
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Number of beneficiaries	340000			
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Based on World Food Programme records.

Crude mortality rates	%			
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Child malnutrition rates	%			
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Did you provide support to torture survivors this year, even as part of a larger effort?				
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Number of beneficiaries (adults age 15 and over)	Male	Female	Total	
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Number of beneficiaries (children under age 15)	Male	Female	Total	
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